

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization NOVANT HEALTH INC	Employer identification number 56-1376950
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	
<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)	
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee	
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2017

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ARMATO CARL CEO & PRESIDENT NOVANT HEALTH	(i)	1,428,627	1,281,431	601,016	65,453	39,706	3,416,233	7,500
	(ii)	0	0	0	0	0	0	0
2HARGETT FRED EVP & CHIEF FINANCIAL OFFICER	(i)	834,979	724,636	334,151	59,700	37,612	1,991,078	7,500
	(ii)	0	0	0	0	0	0	0
3MORRIS JOHN ASST SEC	(i)	268,336	63,654	14,372	64,909	23,213	434,484	7,500
	(ii)	0	0	0	0	0	0	0
4WALSH BETSY ASST SEC	(i)	267,805	47,741	5,403	59,659	30,963	411,571	0
	(ii)	0	0	0	0	0	0	0
5BEST DIANA FORMER SVP CLINICAL IMPROVEMENT	(i)	420,251	260,886	25,471	41,922	28,863	777,393	0
	(ii)	0	0	0	0	0	0	0
6BLACKMON TANYA EVP CHIEF DIV & INCL OFFICER	(i)	282,897	216,524	40,248	122,191	14,437	676,297	7,500
	(ii)	0	0	0	0	0	0	0

70BRUNSTETER PETER EVP & CHIEF LEGAL OFFICER	(i)	437,373	441,553	27,584	165,492	30,939	1,162,943	0
	(ii)	0	0	0	0	0	0	0
8COOK DAVID MD SVP BUSINESS STRAT & INNOVATION	(i)	451,226	303,663	95,155	133,717	35,223	1,018,984	67,500
	(ii)	0	0	0	0	0	0	0
9CURETTON JESSE EVP & CHIEF CONSUMER OFFICER	(i)	596,659	552,546	146,881	186,897	40,588	1,523,571	102,667
	(ii)	0	0	0	0	0	0	0
10ESKIOGLU ERIC MD SVP NERUOSCIENCE	(i)	742,197	405,091	20,929	177,329	37,433	1,382,979	0
	(ii)	0	0	0	0	0	0	0
11GARMON-BROWN OPHELIA MD SVP COMM WELLNESS & EDUCATION	(i)	356,782	252,711	272,052	58,005	18,433	957,983	183,150
	(ii)	0	0	0	0	0	0	0
12GARRETT DAVID SVP CHIEF INFO OFFICER	(i)	479,860	316,945	100,340	65,017	30,897	993,059	67,950
	(ii)	0	0	0	0	0	0	0
13GRIFFIN JON SVP FINANCIAL PLAN & ANALYSIS	(i)	384,926	249,023	80,859	118,619	36,673	870,100	52,500
	(ii)	0	0	0	0	0	0	0
14LANGFORD KATHRYN SVP INTEGR & OPER EXCELLENCE	(i)	414,671	268,731	98,020	127,867	15,651	924,940	64,500
	(ii)	0	0	0	0	0	0	0
15LINDSAY JEFFERY EVP & CHIEF OPERATING OFFICER	(i)	864,258	720,751	195,018	59,700	29,991	1,869,718	7,500
	(ii)	0	0	0	0	0	0	0
16MIHAL DENISE EVP CHIEF NUR & CLIN OPS OFF	(i)	665,743	495,668	166,572	64,738	19,691	1,412,412	7,500
	(ii)	0	0	0	0	0	0	0
17MORGAN WAYNE SVP & CHIEF INVEST OFF	(i)	419,159	262,532	76,014	129,033	35,422	922,160	57,750
	(ii)	0	0	0	0	0	0	0
18PATEFIELD ARTHUR MD SVP & CHIEF MED INFO OFF	(i)	413,148	282,270	58,257	58,200	38,227	850,102	22,500
	(ii)	0	0	0	0	0	0	0
19PHIPPS JOHN MD EVP & PRESIDENT NHMG	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
20SEEHAUSEN ROBERT SVP BUSINESS DEV & SALES	(i)	582,961	487,743	154,759	183,002	28,094	1,436,559	95,450
	(ii)	427,281	278,078	95,417	65,700	35,323	901,799	66,000
21SMITH HARRY SVP HOSPITAL OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	588,606	378,396	125,390	154,679	40,259	1,287,330	82,500
22SMITH-HILL JANET EVP & CHIEF HR OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	443,271	334,611	103,114	154,679	33,936	1,069,611	63,750
23WOOLLEN THOMAS MD SVP PHYSICIAN SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	380,035	250,412	88,440	123,235	42,469	884,591	60,000
24ZWENG THOMAS MD EVP & CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	581,854	503,533	106,519	182,642	43,651	1,418,199	68,250
25JENIKE THOMAS MD SVP & CHIEF HUMAN EXP OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	393,889	257,732	33,202	107,457	34,342	826,622	7,500
26LIMENTANI STEVEN MD SVP CANCER	(i)	0	0	0	0	0	0	0
	(ii)	581,371	83,000	26,529	11,417	24,457	726,774	0
27MYERS SCOTT SVP CORPORATE FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	393,318	242,005	66,759	124,700	16,228	843,010	48,300
28SCOTT BERTRAM SVP POPULATION HEALTH & VBC	(i)	0	0	0	0	0	0	0
	(ii)	378,670	227,100	74,151	45,601	23,152	748,674	0
29VANCE AMY SVP POPULATION HEALTH MGMT	(i)	0	0	0	0	0	0	0
	(ii)	347,618	227,745	82,892	106,206	27,285	791,746	54,000
30GARDELLA JOHN MD VP CLINICAL IMPROVEMENT	(i)	0	0	0	0	0	0	0
	(ii)	311,164	207,752	19,871	46,687	22,150	607,624	0
31GREGORY CHERE MD SVP WOMEN'S SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	384,201	251,650	11,102	91,132	34,235	772,320	0
32PARK DAVID SVP REAL ESTATE & CONSTRUCTION	(i)	0	0	0	0	0	0	0
	(ii)	339,206	222,564	35,482	58,200	28,274	683,726	7,500
33VINCENT PAULA FORMER SVP	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
34DANIELS JACQUELINE FORMER EVP & CHIEF ADMIN OFFICER	(i)	439,926	253,674	33,227	65,528	18,281	810,636	7,500
	(ii)	0	345,665	609,863	0	41,139	996,667	7,500
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0

35ALUKO AKINYELE MD FORMER SVP NH HEART & VASCULAR	(i)	10,717	300,283	315,819	0	0	626,819	219,545
	(ii)	-	-	-	-	-	-	-
36ROBSON MELISSA FORMER SVP	(i)	333,190	355,067	252,498	57,495	37,896	1,036,146	65,250
	(ii)	-	-	-	-	-	-	-

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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	PART I, LINE 1A: FRINGE OR EXPENSE EXPLANATION FIRST-CLASS OR CHARTER TRAVEL: FIRST-CLASS OR CHARTER TRAVEL IS NOT A COVERED TRAVEL EXPENSE FOR EXECUTIVES; THEY ARE LIMITED TO BUSINESS OR COACH CLASS FARES FOR COMMERCIAL FLIGHTS. HOWEVER, CHARTER TRAVEL IS AVAILABLE TO CERTAIN EXECUTIVES, BOARD MEMBERS, AND APPROVED BUSINESS PERSONNEL MEETING APPLICABLE POLICY CRITERIA. TRAVEL FOR COMPANIONS: COMPANIONS ARE ALLOWED ON CERTAIN CHARTER FLIGHTS PAID FOR BY THE ORGANIZATION. IN THAT CASE, THE VALUE OF THE COMPANION'S FLIGHT IS CALCULATED UNDER APPLICABLE TAX LAWS AND THAT AMOUNT IS INCLUDED IN THE EXECUTIVE'S TAXABLE INCOME AS PRESCRIBED BY THE APPLICABLE TAX LAWS. TAX INDEMNIFICATION AND GROSS-UP PAYMENTS: EXECUTIVES WHO USE FUNDS MADE AVAILABLE THROUGH THEIR DISCRETIONARY SPENDING ACCOUNT UNDER THE EXECUTIVE PERQUISITE PLAN (THE "PLAN") TO PAY PREMIUMS ON CASH VALUE LIFE INSURANCE POLICIES MAY RECEIVE ADDITIONAL COMPENSATION TO ADJUST FOR THE INCOME TAX LIABILITY ASSOCIATED WITH PAYING PREMIUMS FOR THIS INSURANCE. THE NHUVAHS CEO RECEIVED A GROSS UP ASSOCIATED WITH THE TAX PAID ON SPECIFIC TAXABLE RELOCATION EXPENSES AFTER A CHANGE WAS MADE BY THE ORGANIZATION IN HER PRIMARY WORK LOCATION THAT RESULTED IN THE LOSS OF CERTAIN NON-REFUNDABLE DEPOSITS. DISCRETIONARY SPENDING ACCOUNT: CERTAIN EXECUTIVES RECEIVE A DISCRETIONARY SPENDING ACCOUNT. THE DOLLAR AMOUNT IN THE ACCOUNT IS PRE-APPROVED BY THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE NOVANT HEALTH BOARD OF TRUSTEES. THE ACCOUNT CAN BE USED ONLY FOR AN APPROVED LIST OF EXPENDITURES. ALL OPTIONS OTHER THAN A DEFERRED, AT-RISK, COMPENSATION OPTION ARE CONSIDERED TAXABLE AND ARE INCLUDED IN THE EXECUTIVE'S TAXABLE INCOME AS PRESCRIBED BY THE APPLICABLE TAX LAWS. HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE: WE PROVIDE TEMPORARY HOUSING ALLOWANCES IN CERTAIN EXECUTIVE RECRUITMENT AND RELOCATION PACKAGES. IN THE CASE THAT SUCH EXPENSE IS NOT REIMBURSABLE UNDER THE ACCOUNTABLE PLAN RULES, THE VALUE IS CALCULATED UNDER APPLICABLE TAX LAWS AND THAT AMOUNT IS INCLUDED IN THE EXECUTIVE'S INCOME AS PRESCRIBED BY THE APPLICABLE TAX LAWS. HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES: IN CASES WHERE CORPORATE MEMBERSHIPS ARE NOT AVAILABLE, A MEMBERSHIP MAY BE OBTAINED IN AN EXECUTIVE'S NAME WITH A "BUSINESS USE ONLY" RESTRICTION.
PART I, LINE 3	THE FILING ORGANIZATION IS AN INTEGRAL PART OF NOVANT HEALTH, AN INTEGRATED HEALTHCARE SYSTEM. NOVANT HEALTH, INC. IS THE PARENT ORGANIZATION AND USES THE PROCESS DESCRIBED IN PART VI, LINE 15A OF THIS RETURN TO ESTABLISH THE COMPENSATION OF THE TOP MANAGEMENT OFFICIAL OF THE FILING ORGANIZATION. THIS PROCESS ADHERES TO THE REQUIREMENTS SET FORTH TO SECURE THE REBUTTABLE PRESUMPTION OF REASONABLENESS AND INCLUDES A REVIEW AND APPROVAL BY INDEPENDENT AND DISINTERESTED MEMBERS OF A COMPENSATION COMMITTEE, CONSULTATION WITH INDEPENDENT COMPENSATION CONSULTANTS, THE UTILIZATION OF THIRD-PARTY COMPARABILITY DATA SUCH AS PUBLISHED COMPENSATION SURVEYS, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.
PART I, LINES 4A-B	PART I, LINES 4A-C: SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS SEVERANCE NONQUALIFIED EQUITY-BASED ALUKO, AKINYELE 219,545 COOK, DAVID 67,500 CURETON, JESSE 102,667 DANIELS, JACQUELINE 610,745 GARMON-BROWN, OPHELIA 183,150 GARRETT, DAVID 67,950 GRIFFIN, JON 52,500 LANGFORD, KATHRYN 64,500 MORGAN, WAYNE 57,750 MYERS, SCOTT 48,300 PATEFIELD, ARTHUR 22,500 PHIPPS, JOHN 95,450 ROBSON, MELISSA 102,910 65,250 SMITH, HARRY 82,500 SMITH-HILL, JANET 63,750 VANCE, AMY 54,000 WOOLLEN, THOMAS 60,000 ZWENG, THOMAS 68,250
PART I, LINE 4A - SEVERANCE PLAN:	ELIGIBLE EXECUTIVES MAY RECEIVE SEVERANCE PAY THAT IS BASED ON ANNUAL COMPENSATION FOR A SPECIFIED PERIOD OF TIME. THE SEVERANCE PAY WOULD BE PAID ONLY IN THE EVENT OF CERTAIN TYPES OF EMPLOYMENT TERMINATION, AND IS FURTHER CONTINGENT ON THE SATISFACTION OF OTHER CONDITIONS SUCH AS COMPLIANCE WITH A NON-COMPETITION COVENANT. ANY CURRENT YEAR PAYMENTS HAVE BEEN INCLUDED IN THE COMPENSATION AMOUNTS REPORTED IN PART VII AND IN COLUMN (B)(III) OF SCHEDULE J. THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE NOVANT HEALTH BOARD REVIEWS, APPROVES, AND OVERSEES ALL ASPECTS AND ALL ELEMENTS OF EXECUTIVE COMPENSATION AND BENEFITS, INCLUDING THE AMOUNTS AWARDED UNDER THIS SEVERANCE PLAN.
PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS:	THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") IS INTENDED TO SUPPORT RETENTION OF KEY EXECUTIVES, AND TO OFFER COMPETITIVE TOTAL COMPENSATION. ELIGIBLE EXECUTIVES WILL BE NOMINATED BY THE CEO AND APPROVED BY THE NOVANT HEALTH COMPENSATION AND LEADERSHIP COMMITTEE ("THE COMMITTEE") TO PARTICIPATE. GENERALLY, ANNUAL CONTRIBUTIONS TO THE PLAN OR PAYMENTS TO PARTICIPANTS WILL BE BASED ON A PERCENTAGE OF THE PARTICIPANT'S BASE SALARY AS OF JANUARY 1ST OF THE PREVIOUS PLAN YEAR AND ARE REPORTED IN COLUMN (C) OF SCHEDULE J. PRIOR TO MAKING THE CONTRIBUTIONS OR PAYMENTS, THE COMMITTEE WILL APPROVE THE AMOUNTS AS TO REASONABLENESS, WHEN COMBINED WITH ALL OTHER ANNUAL COMPENSATION. A 3 YEAR CLASS-YEAR VESTING PERIOD WILL APPLY UP TO AGE 62, WHEN ALL MONEY WOULD BE VESTED AND PAID OUT TO THE PARTICIPANT. OTHERWISE, VESTING WILL OCCUR ON JANUARY 1ST OF EACH YEAR FOR THE APPROPRIATE CLASS-YEAR VESTING PERIOD. THE COMMITTEE REVIEWS, APPROVES, AND OVERSEES ALL ASPECTS AND ALL ELEMENTS OF EXECUTIVE COMPENSATION AND BENEFITS.

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Additional Data

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